

Psychiatric Referrals for Delinquent Children

By GEORGE E. GARDNER, Ph.D., M.D.

THE PSYCHIATRIST feels that whenever the situation surrounding the delinquent child at the moment—his reality situation—does not account for the child's antisocial behavior, his behavior probably has roots in some internal conflict, and the child probably needs psychiatric help. If the delinquency just doesn't make sense either from the standpoint of the act itself or from the standpoint of the seeming lack of necessity on the part of the child to act in that manner, or from both standpoints, the delinquency looks suspiciously like a neurotic act.

This general definition is as significant in the great number of cases it excludes from the psychiatrist's concern as in the small number of cases it indicates need special help.

Types of Cases

On the basis of this definition, let us list a group of specific cases which are seen from time to time and on which both the psychiatrist and the juvenile court judge can agree. The list is tentative, is based on clinical observation, and does not arise from any elaborate all-inclusive theory about the fundamental nature of juvenile crime.

Dr. Gardner, director of the Judge Baker Guidance Center in Boston, presented this paper in more detail to the conference of the Surgeon General, Public Health Service, and the Chief of the Children's Bureau, with State and Territorial health officers, State mental health authorities, and representatives of the State hospital survey and construction agencies on December 9, 1952. Dr. Gardner is also editor of the American Journal of Orthopsychiatry.

The sex offender. Children brought to court for lewd practices, heterosexual, homosexual, or other abnormal sex activity have been referred to the psychiatrist ever since the latter has concerned himself with delinquent problems. The psychiatrist is occasionally confronted with cases where, because of some experience in the child's early life, other crimes, notably stealing, have become linked to the drive for sexual gratification. The only hint I know that may be of value to the judge and his associates in detecting such an emotional hookup is the senselessness of the act or suspicions about the role of the child's associates.

The runaway child who has committed no other offense. The child who runs away may be running from some intolerable home situation characterized by abuse, maltreatment, hunger, extreme deprivation. If so, the reality situation alone may account for his behavior, and no psychiatric treatment is necessary. However, the court and the psychiatrist have seen so many instances where the child has not run away in the face of the most inhuman treatment from parents, foster parents, and siblings that both the judge and the psychiatrist should be suspicious of some internal conflict when dealing with the runaway. It is my opinion that all runaways should have the benefit of at least a few interviews with the psychiatrist before we ascribe the act to the reality situation alone and thus content ourselves with merely changing the external forces surrounding the child.

Truancy unassociated with other delinquency in a child of normal intelligence. The child who has the innate ability to advance grade by grade with his fellows but refuses to attend school probably absents himself because of some

personality defect. He is unhappy and probably is so not because of some superficial difficulty with a particular teacher or classmate. He should have help to appreciate and re-evaluate his own problems.

The solitary delinquent. The child who steals or commits other offenses alone should be referred for psychiatric treatment. Because we know that children almost invariably steal with one or more children as partners, we are suspicious of the personality makeup of those few children who steal alone, and thus, we feel that at least a psychiatric investigation should be made. This refers principally to cases where the theft is committed outside the child's own home.

The child surrendered to the court for stubbornness. A child who confines his antisocial behavior, aggression, and unmanageableness to his home probably should be studied by the psychiatrist. A thorough investigation of the intrafamilial reactions as they affect him and in turn determine his behavior is needed. This presupposes a program of study and treatment that may extend to other members of the family.

The delinquent of superior intelligence. Since the formulation and widespread use of standard measures of intelligence, we no longer believe that delinquency is due solely to mental incompetency or to a moral degeneration which is attributable to lack of intellect. On the contrary, we know that most delinquents have average intelligence as measured by age level tests. Frequently, boys of definitely superior intelligence with an intelligence quotient above 115 appear before us. We feel that psychiatric investigation and treatment are indicated for all. Perhaps this is due to a persistence of the obverse of our notion that crime should not exist in the presence of superior ability, or perhaps we are moved by our feeling that here is a boy whose contribution to society may be outstanding if we can but straighten him out. Whatever may be our true motivation in these referrals, it would seem that the nonattainment of mature social standards in a boy of superior intellect is probably due to an emotional factor, preventing him from incorporating adult standards and principles. Hence, we refer him for psychiatric treatment.

Cases where the possibility of organic brain

damage, psychosis, convulsive disorder, or feeble-mindedness exists. Postencephalitic cases and children suspected of congenital or acquired syphilitic infections should be referred to the psychiatrist, who can by examination establish or rule out these conditions and outline the best medical or medico-educational program to be followed.

From observation of delinquents appearing before the court, I estimate that 5 to 7 percent of all court cases would fall into one or more of these categories. This may appear to be a very small number of delinquents referable to the psychiatric clinic, but these, except for the last group, are cases referred for psychiatric treatment, not for diagnosis only, and they do not include the cases involving stealing. The need for facilities to determine accurately which children do need treatment, including psychiatric treatment, is a serious one.

Clinical Conference

Let us hold a psychiatric clinic on three cases all charged with stealing, the most frequent delinquent offense. These cases are cited to emphasize the varying psychiatric needs of delinquent children. They demonstrate a gradient which runs from cases where the detrimental external factors almost alone can account for the delinquency to those expressions in behavior, as in the third case, that seem to have no reference whatsoever to present economic or social inadequacies. In considering these cases, we can discern the relative psychiatric treatment needs or their absence.

A CLASSICAL CASE

Frank at 13 is before the juvenile court for the eighth time, on a fourth charge of stealing. He steals money or anything convertible into money, using it to buy candy, attend movies, treat his friends. He steals alone or with others. He has already been in a correctional school for a year.

Frank lives with his mother, maternal grandmother who is blind and feeble, 5 sisters, and 3 brothers in a poorly furnished 6-room apartment in a fairly poor residential area.

The father has been before the courts 20 times in the past 20 years on charges of assault and battery, drunkenness, stealing, nonsupport, and threatening

his wife. The mother has been in court once for adultery. One older brother has been in juvenile court 14 times and twice in reform school. His charges were breaking and entering, larceny, malicious destruction of property, and truancy. Another brother has been in juvenile court twice for truancy and for larceny.

Frank's mother claims that her mother and the older daughters supervise the children in her absence, although supervision is apparently slight. The mother was separated from her husband 8 months ago. Sometimes there is not enough to eat.

Frank occasionally attends the local community house and church. He enjoys football somewhat but spends his time when at home reading comic books and crime magazines. He hangs around undesirable areas of the city.

Frank entered kindergarten at 5, repeated the first grade, and is now repeating the eighth. His marks are mainly C's and D's. He is occasionally truant or absent.

An observer at a local boys' club sees Frank as an "extremely thin, dirty, and unkempt appearing boy" but quiet, cooperative, and a good competitor, appearing to like athletics although lacking the physical qualifications for rugged, competitive work in the gymnasium.

Frank himself gives no reason for his behavior except that he gets in with the wrong boys. He adds that all boys in his neighborhood steal and that it was unfortunate he was caught. He repeatedly asserts his good intentions but finds he is unable to carry them out. He blames only himself.

Here is the classical case of delinquency arising in a home and community devoted to delinquent behavior—a broken home, poor economic conditions, mother working, little or no supervision of children, father a drunkard and criminal, mother known to the courts, and two delinquent brothers. Presumably, the role of neurotic strivings is minimized in importance by the more or less expected rational response to such admittedly adverse social and parental relationships. Obviously, only an intensive psychotherapeutic approach would reveal the primary gains so well overshadowed. The failure of repeated attempts at rehabilitation through manipulative procedures emphasizes that there are cases of stealing where the irrational, the patternized-repetitive—almost

compulsive—features are on the surface nonapparent and seem to be nonoperative as the all-important portion of the atypical behavior.

SUPERIOR INTELLIGENCE

Charles, 15, is before the court on four complaints of breaking and entering. At 10, he broke into an empty shed, but charges were never pressed, and the case was dropped.

Family history reveals that his parents had a stormy marital career. The father was convicted of a series of thefts and sentenced to prison when the boy was a baby. When Charles was 5, the father was paroled but was sentenced for 20 years after breaking the parole and is still in prison. The mother had difficulty in making ends meet, and moderate deprivations existed. She has always worked, and the boy has been supervised by relatives or friends. When Charles was 6, she divorced her husband and subsequently remarried.

Charles is now repeating the eighth grade. He repeated the seventh. This is his fourth year in junior high school. On the revised Stanford-Binet intelligence test, Charles has a mental age of 17 years, 11 months, and an IQ of 124, indicating superior intelligence.

A review of Charles' stealing episodes reveals that he acquired no money, nor did he receive any of the stolen goods which were taken by the other boys involved. He said he didn't want them. Each instance of stealing was in the company of other boys, all known to Charles to have juvenile court records. Charles never stole from home.

Charles does not want an education but wishes to work in the merchant marine because "they are a bunch of hoboes. I like them. There are no bosses. You can go anywhere you want to go when you want to go."

His only school interest is in art work. He says, "I draw cartoons." When asked for a sample sketch, he draws a cigarette-smoking, tough-looking man wearing a striped shirt with a turtle-neck collar. The man has a patched face and wears a derby hat. Charles calls him a cartoon character. He has no cartoon plot, but has many pictures and will bring them in. When we try to arrange for art classes, he says, "They probably make you draw things you don't want to." When asked if his cartoon is a sad, happy, or funny character, Charles replies, "He is a tough guy, but he is an all right one underneath." He brings in more cartoons which are pictures of

thugs and men with beaten-up faces. One scene depicts a man who has hung himself in jail, he says. Other pictures show prize fighters in various fighting positions.

His companions are inevitably those with court records. He walks 2½ miles from home to play with a boy on probation, and on the way passes many schoolmates who have never been in trouble. He has nothing against the latter but wants to play with boys who have been in trouble.

Charles wants a part-time job, not only because he feels it is a way of finally breaking away from school but also because he wants to earn money for his mother to give her some of the fun she has missed. It will also show his stepfather that he can contribute to the mother's support too.

We find a subtle combination of actual deprivations in early life and neurotic strivings expressed in stealing and allied delinquent acts. The all-consuming drive behind the boy's delinquency seems to be that he feels he must be a criminal like his father, or that he is not to succeed where his father failed. He deliberately tries to destroy himself in the community by his delinquencies, in school by an educational block, and his heart is set upon a vocation that will enable him to be a bum. His drawings bear out his ambitions and his fears in relation to this drive.

Other facts demonstrated that these self-directed tendencies toward failure and destruction were secondary to aggressive tendencies directed toward the father.

INSTINCTUAL DRIVES

Albert exemplifies the extreme end of our comparative scale of boys who steal in that the secondary material gains seem to feature little or not at all as motivating factors, and the neurotic ones seem to be all-powerful.

Albert is 16. His parents can supply the needs and luxuries of a boy of his age in his community. His father died when Albert was 5, and his mother remarried when he was 10. Albert has superior intelligence and is now in the third year in high school despite having been removed from several schools because of stealing.

When he was 8, his mother discovered clothes in his room taken from her closet. She scolded; he seemed upset; and she assumed the problem

dropped. Periodically, Albert has broken into neighborhood houses and stolen women's clothes.

On interview, Albert says, "I say I will stop, but the next day I do it. I've been taken out of schools because of it. I began stealing women's clothes when I was 6 or 7 years old. I just liked to get dressed up in this thing, and mother caught me in it, and she stopped me. I had the door locked. She took it away and hid it. Later, I found it again, dressed up in it, and she caught me again. I cried and put on my own clothes. Then it stopped for about 3 years. It started again as I finished the sixth grade. I suddenly got this urge again to wear women's clothes."

Little comment is needed to emphasize the obvious neurotic elements in this case which stands in contrast to the other 2 cases of stealing, each of the 3 taking its proper place along a scale of increasing psychiatric importance. In addition, it is easy to understand where the primary neurotic gains in such a case are uppermost—even to the seeming exclusion of secondary or material gains. In such cases manipulative procedures or changes in the environmental (economic or social) setup would have no effect whatsoever on the impulse to steal. Only insight derived from self-study under guidance offers hope for a redirection of these instinctual drives.

Psychiatric Needs

From this brief survey, we can make certain hypotheses:

1. All delinquent children need treatment of some kind whether medical, psychiatric, educational, placement, supervision—or new shoes and clothes and proper food.

2. All delinquent children do not need psychiatric treatment.

3. Although all delinquent children may not need intensive psychiatric treatment, all delinquent children need a psychiatric diagnosis first of all to determine accurately whether psychiatric treatment is needed. Psychiatric diagnosis means more than a test of intelligence and a physical examination.

Because of the shortage of trained psychiatrists and of the even more acute shortages of trained child psychiatrists the minimal diagnostic and minimal treatment needs of delin-

quent children are not being met. Needed are more psychiatric training facilities and the placement of psychiatric personnel within the court structure once they are trained.

Other needs in this area of psychiatric treatment are equally serious:

Residence centers—not detention homes—where adequate care and thorough medical, psychological, and sociological studies can be made, are needed for preliminary diagnoses of children who cannot be kept at home during their preadjudication period.

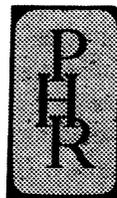
Schools and hospitals geared to long-term intensive residence treatment of delinquent

boys and girls are desperately needed. We particularly need foster home and residence treatment centers and programs for delinquent girls and for Negro children of both sexes.

Only under such conditions can we be assured that the proper medicosocial treatment programs for delinquent children will even approximate the best form of comprehensive child care.

NOTE: Portions of this paper have appeared in G. E. Gardner's "The Psychiatrist's Role in the Treatment of the Delinquent," Yearbook of the National Probation Association, 1940; and in his "Primary and Secondary Gains in Stealing," *The Nervous Child*, vol. 6, October 1947.

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